



**State of Connecticut  
Health Enhancement Program (HEP)**

**RELIGIOUS EXEMPTION  
Non-Compliance Response  
CO-1326**

**INSTRUCTIONS:** This form should be used to claim an exemption from the requirements of the Health Enhancement Program based upon your adherence to religious beliefs. Please complete all sections. **It is your responsibility to submit this form to the address or fax number listed below.**

Office of the State Comptroller  
Healthcare Policy & Benefit Services Division  
Healthcare Analysis Unit  
55 Elm Street  
Hartford, CT 06106  
**Fax Number - 860-702-3556**

**Member Information** (Required and must match exactly with that listed on your Medical/Dental Plan ID card.)

Member Identification Number		Group Number	Employee ID	Dept ID
Employee/Retiree: Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)	
Non-Compliant Person: Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)	
Home Address - Number and Street Name	City	State	Zip Code	
Telephone		E-mail Address		

**List all family members for whom exemption is claimed (Required)**

Dependent Name	Member ID #	Date of Birth (MM/DD/YY)	Relationship to Member

<b>Religious Exemption</b>				
<b>Name of religious sect or division:</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
<div style="display: flex;"><div style="width: 10%; text-align: center;"><input type="checkbox"/></div><div style="width: 90%;"><b>I hereby attest that I am a member of the above recognized religious sect or division that is conscientiously opposed to acceptance of medical care or use of private or public insurance that makes payments toward the cost of medical care.</b></div></div>				
<div style="display: flex;"><div style="width: 10%; text-align: center;"><input type="checkbox"/></div><div style="width: 90%;"><b>I hereby attest that I adhere to the teachings of the above religious sect or division and am conscientiously opposed to seeking medical treatment or accepting reimbursement for the cost of such benefits.</b></div></div>				
<b>ACKNOWLEDGMENT: By signing below, I acknowledge that my claim for a religious exemption is subject to substantiation that the religious sect or division named above has been in continuous existence since December 31, 1950, and verification based on a review of claims (for myself and all family members identified above) that I/we have not utilized coverage under the State of Connecticut health benefit plan in a manner inconsistent with my attestation or expressed religious beliefs.</b>				
<table border="1" style="width: 100%;"><tr><td style="width: 50%;"><b>Signature</b></td><td style="width: 50%;"><b>Date</b></td></tr><tr><td style="height: 30px;"></td><td></td></tr></table>	<b>Signature</b>	<b>Date</b>		
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